

1/22

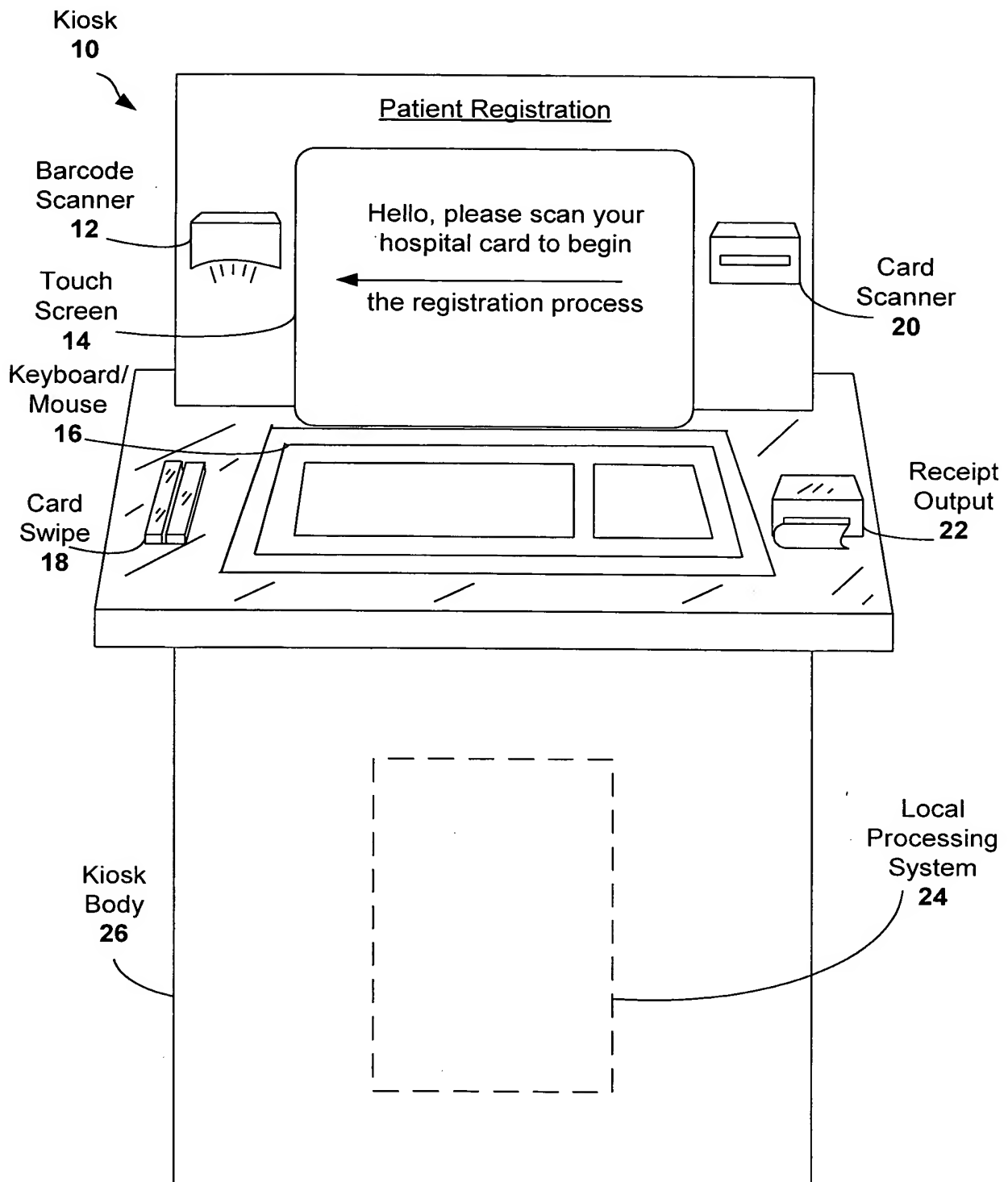


Fig. 1

2/22

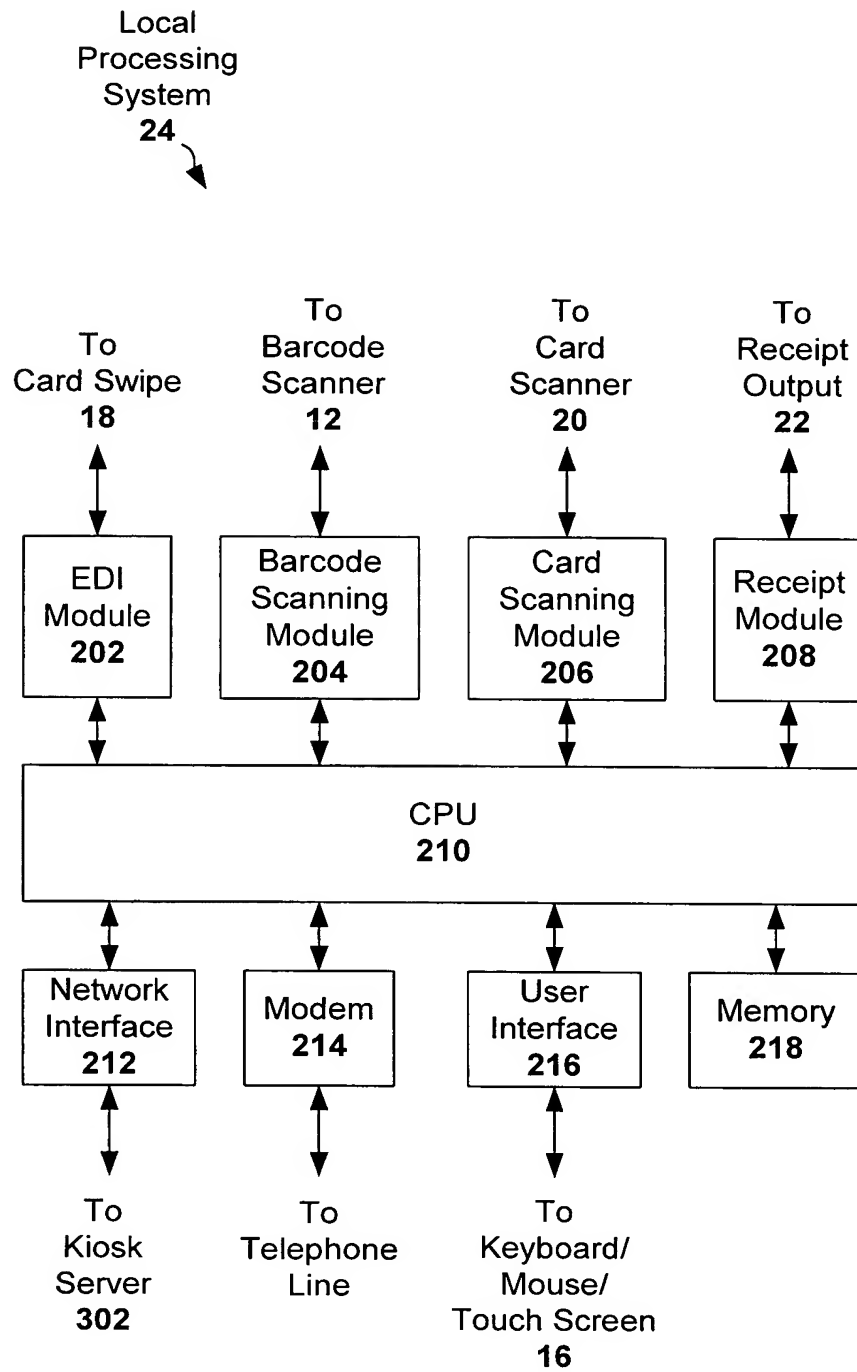


Fig. 2

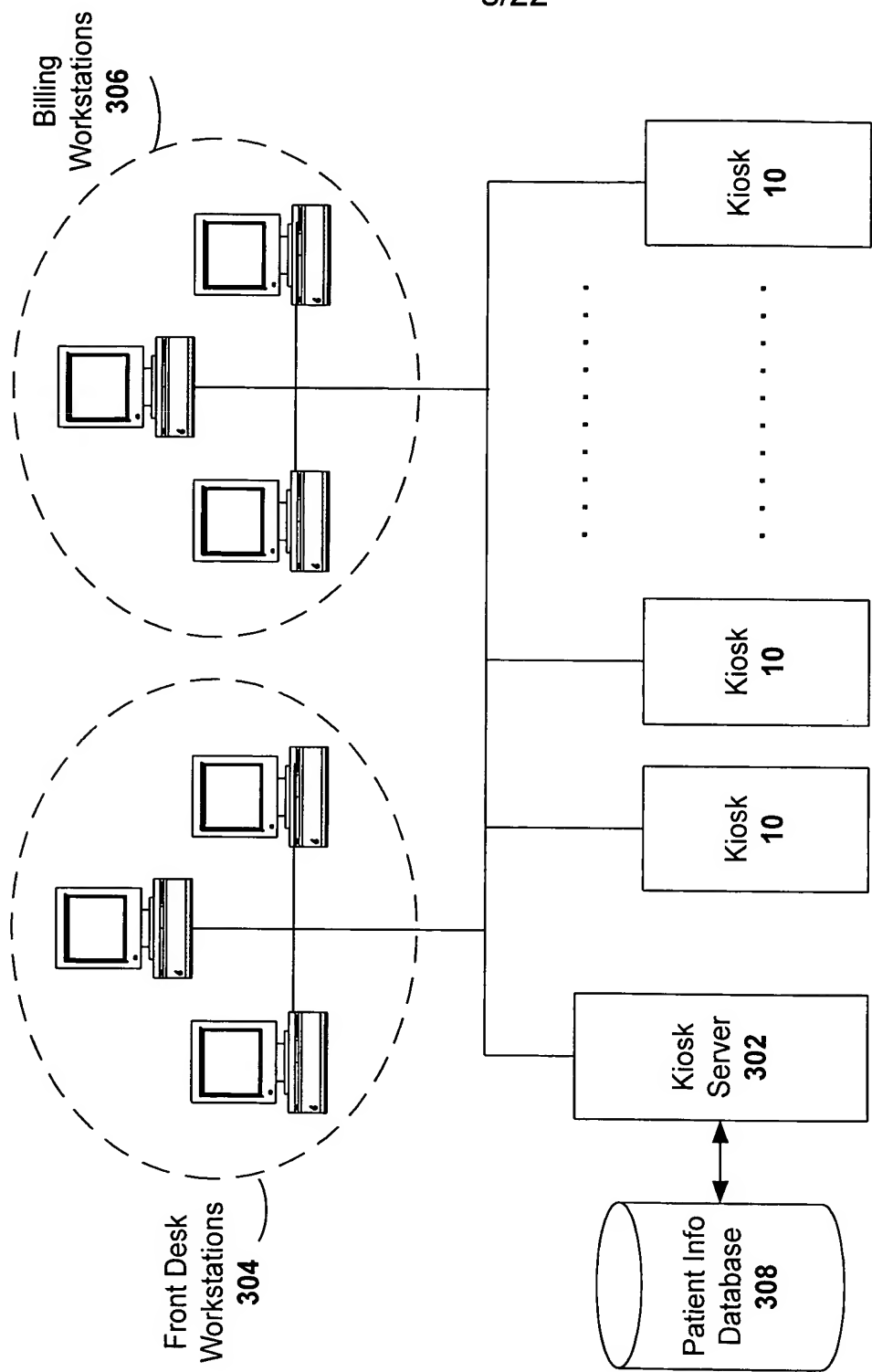


Fig. 3

4/22

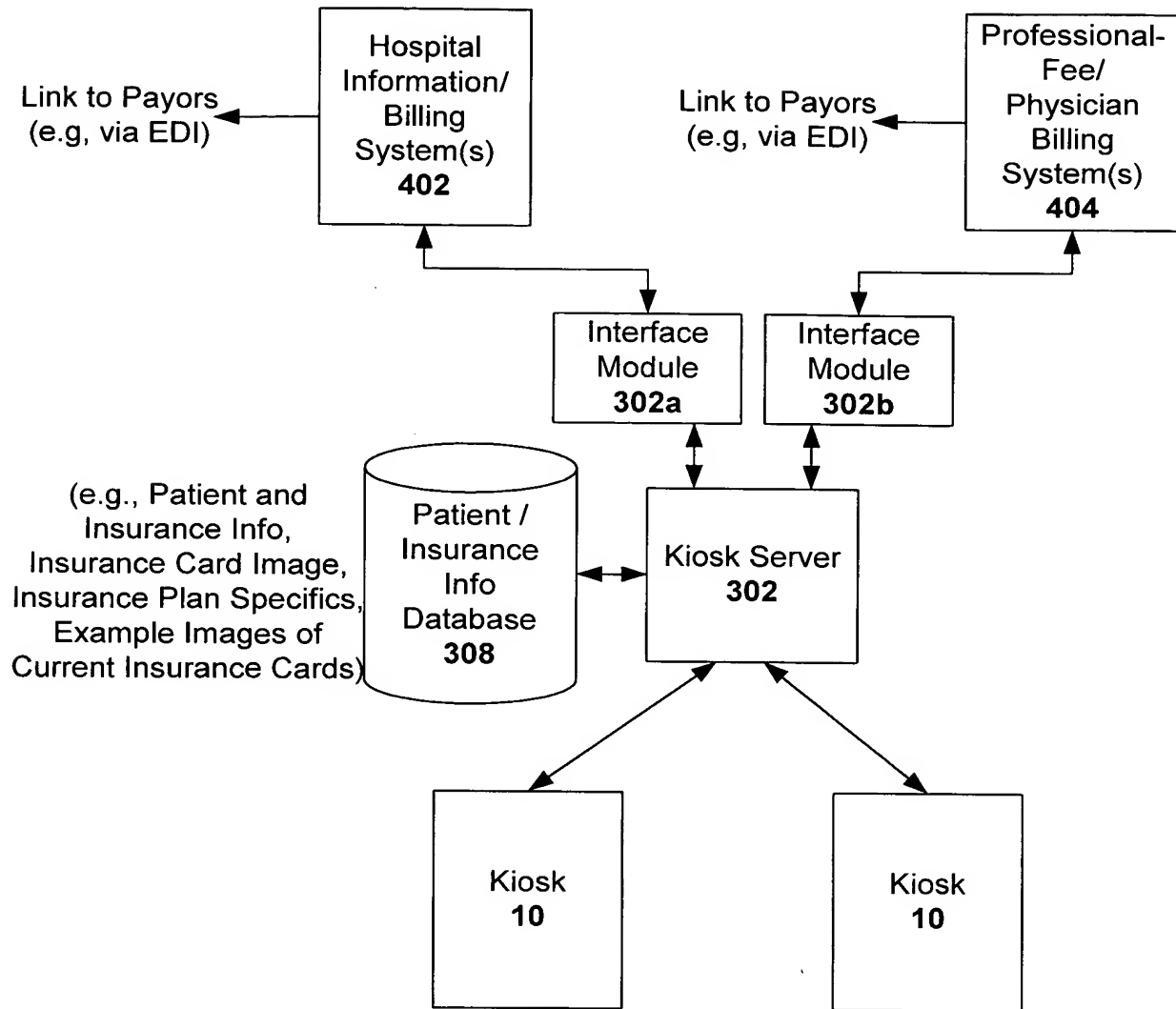


Fig. 4

5/22

Sample of Confirmation/Receipt:

Today's Date: 1/15/03
Patient Name: John Doe
DOB: 01/02/60
Payor: BCBS
Insurance Type: HMO
Plan: Access Blue
Plan #: 200
Member #: 022-69-3340
Eligibility: Eligible for Coverage
Co-pay Amount: \$10.00

Directions:
Follow BLUE line on floor to
Internal Medicine B

Fig. 5

6/22

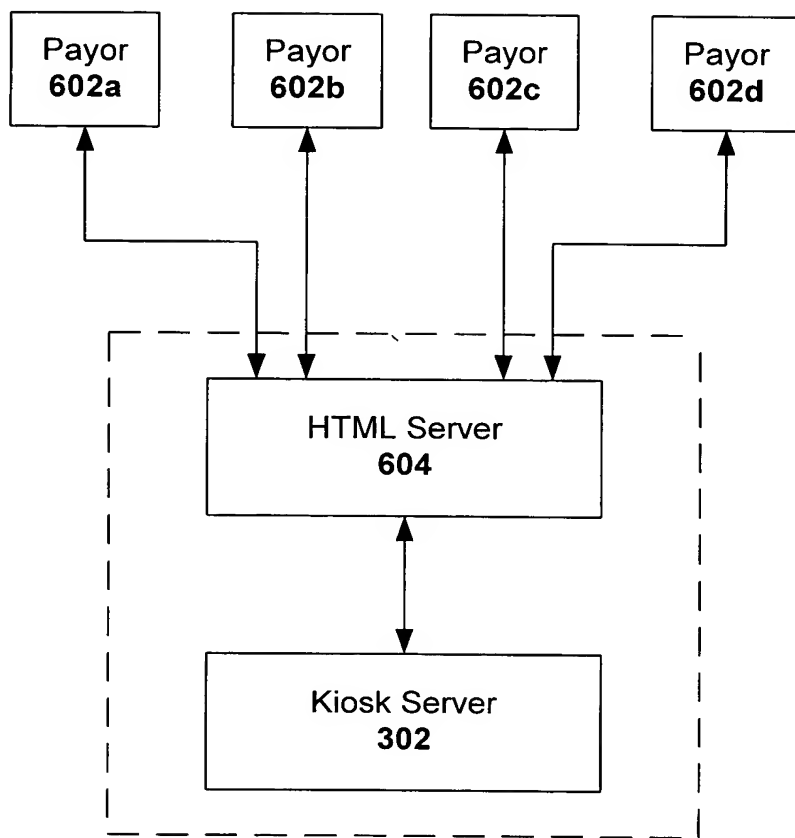
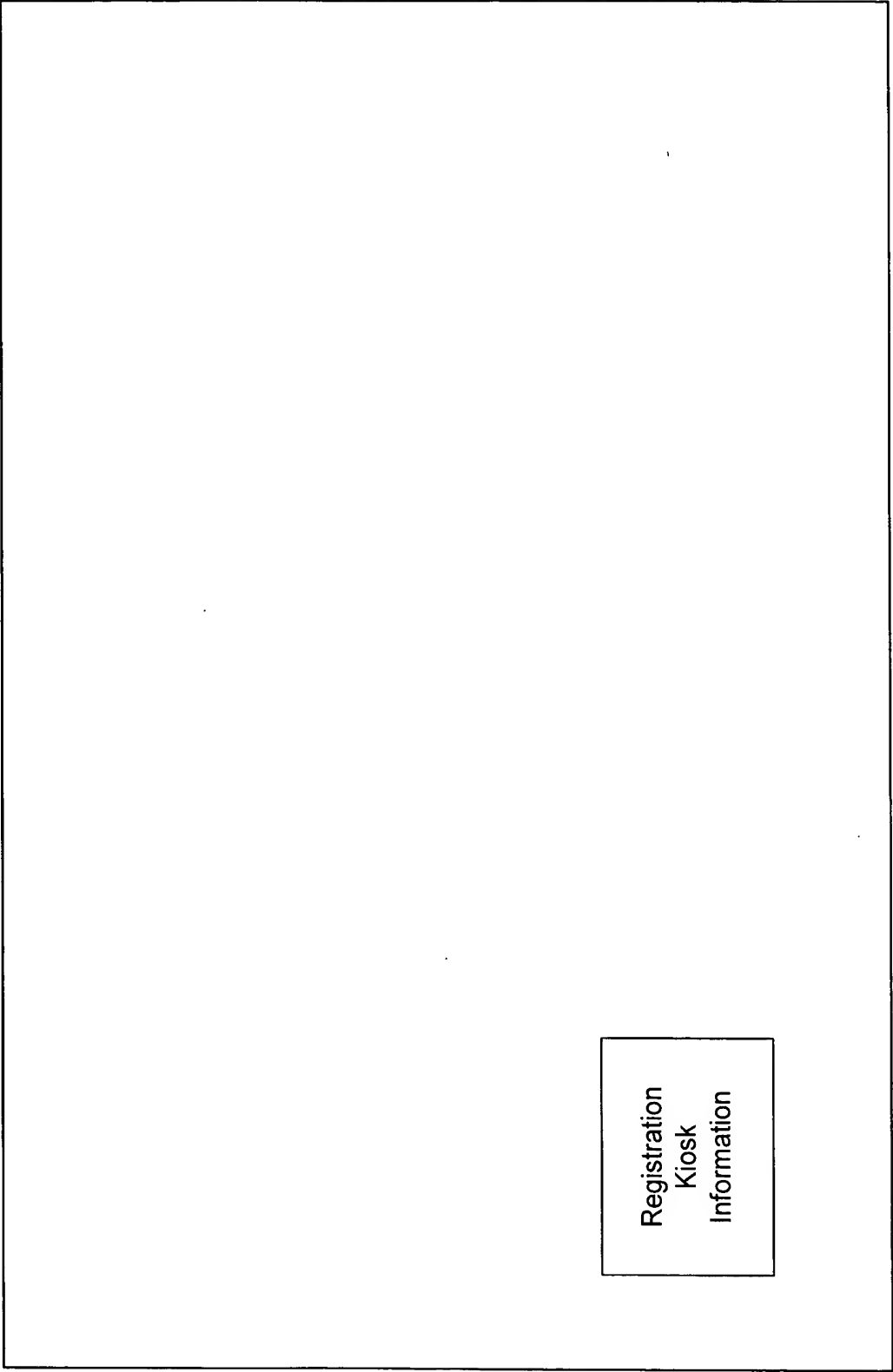


Fig. 6

7/22

Fig. 7a



8/22

Fig. 7b

Enter patient name and /or other unique identifier:

Patient Name: _____

Date of Birth: ____/____/____

Medical Record Number: _____

SS#: _____-____-____-_____

Enter

9/22

Fig. 7c

MAIN MENU
Patient Name: John Doe MRN: 12345678
OPTIONS:
<u>PATIENT INFORMATION</u>
<u>INSURANCE INFORMATION</u>
<u>IMAGE OF SCANNED INSURANCE CARD</u>
<u>LINKS TO PROVIDER MANUALS</u>
<u>SAMPLE INSURANCE CARDS</u>

10/22

Fig. 7d

PATIENT INFORMATION	
Patient Name:	<u>John Doe</u>
Date of Birth:	<u>01/01/1960</u>
Medical Record Number:	<u>MR778899</u>
SS#:	<u>012-34-5678</u>
Address:	<u>10 MAIN STREET, BIG CITY</u> <u>MA, 012345</u> <u>US</u>
Home Phone #:	<u>(123) 456-7890</u>
Work Phone #:	<u>(987) 654-3210</u>

CONTINUE

11/22

Fig. 7e

INSURANCE INFORMATION

Insurance Payor (e.g., Blue Cross Blue Shield, Harvard Pilgrim): BCBS

Insurance Type (e.g. HMO, PPO): HMO

Insurance Plan: BLUE CHOICE

Guarantor: XYZ CO

Member #: 012-34-5678

CONTINUE

12/22

Fig. 7f

IMAGE OF SCANNED INSURANCE CARD

FRONT

Plan Logo

PlanType

PlanCode

XXH234695

John C. Doe

Copayment: \$10.00

BACK

Important Plan Info

UPDATE IMAGE

CONTINUE

13/22

Fig. 7g

LINKS TO PROVIDER MANUALS

BLUE CROSS BLUE SHIELD

HARVARD PILGRIM HEALTH CARE

TUFTS HEALTH PLAN

CONTINUE

14/22

Fig. 7h

SAMPLE INSURANCE CARDS BY PAYOR:

BLUE CROSS BLUE SHIELD (four card types)

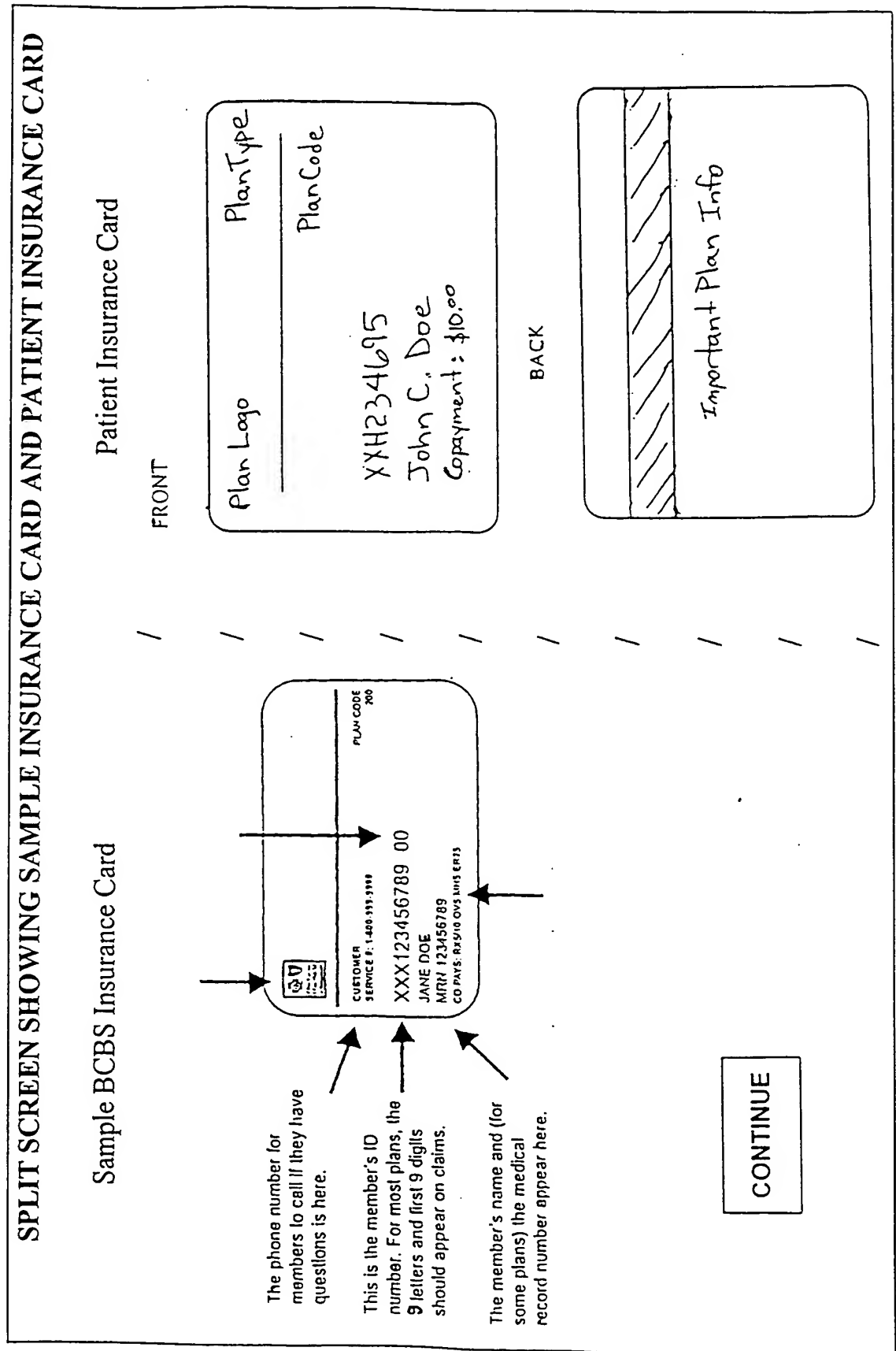
HARVARD PILGRIM HEALTH (two card types)

TUFTS HEALTH PLAN (three card types)

CONTINUE

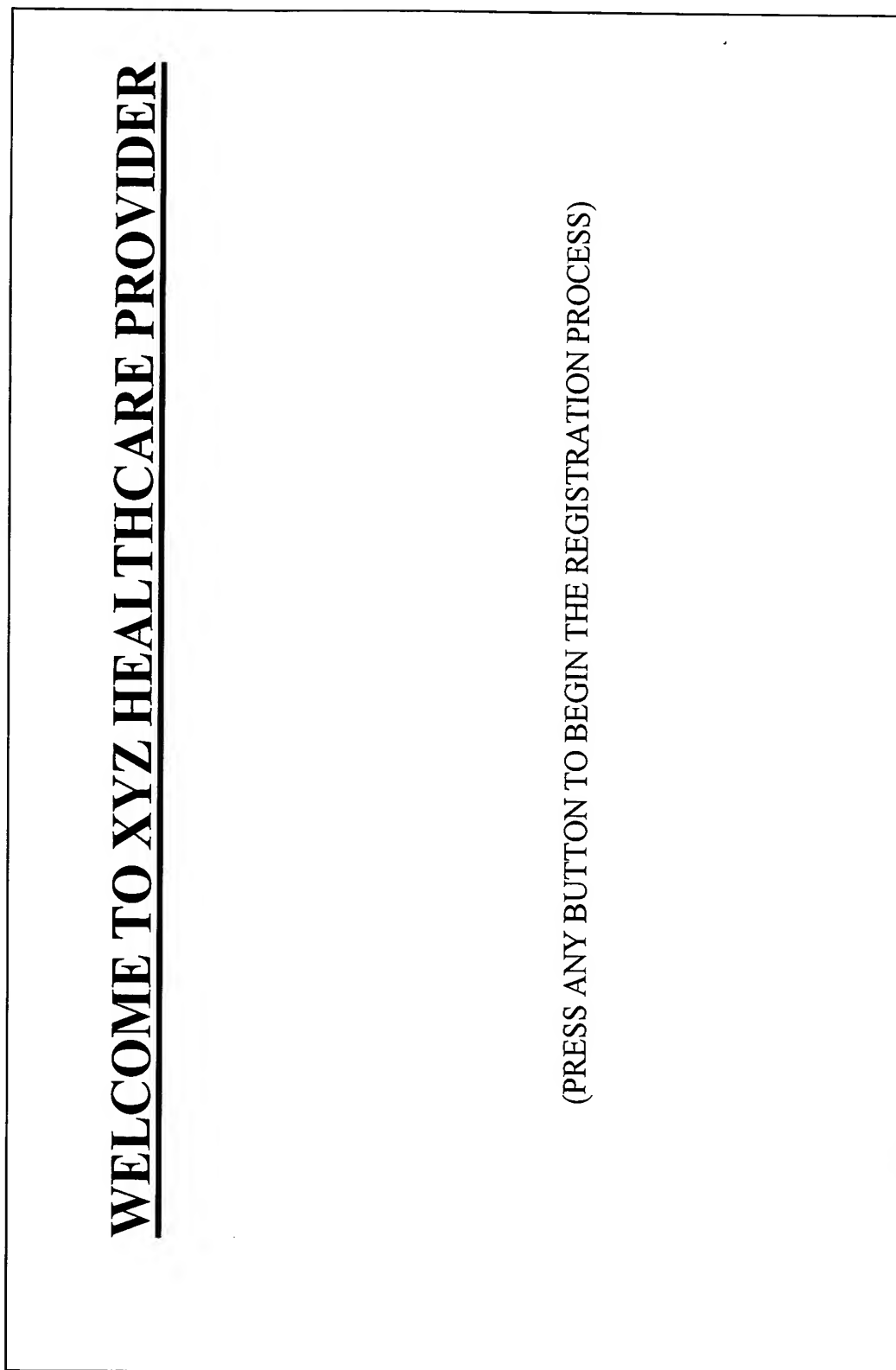
15/22

Fig. 7i



16/22

Fig. 8a



17/22

Fig. 8b

Please use the bar code scanner (device #1) to identify yourself by simply swiping the bar code of your hospital card under the scanning device. The bar code is on the back of your hospital card.

Alternatively, you may enter your Patient ID Number in the box below:

Enter

18/22

Fig. 8c

PATIENT INFORMATION	
Please review each field for accuracy. If you need to change any information, push the edit button.	
Patient Name:	<u>John C. Doe</u>
Date of Birth:	<u>01/01/1960</u>
Medical Record Number:	<u>MR778899</u>
SS#:	<u>012-34-5678</u>
Address:	<u>10 GOOD STREET, BIG CITY</u> <u>MA, 012345</u> <u>US</u>
Home Phone #:	<u>(123) 456-7890</u>
Work Phone #:	<u>(987) 654-3210</u>
<div>EDIT</div> <div>CONTINUE</div>	

19/22

Fig. 8d

INSURANCE INFORMATION

Please review each field for accuracy. If you need to change any information, push the edit button.

Insurance Payor (e.g., Blue Cross Blue Shield, Harvard Pilgrim): BCBS

Insurance Type (e.g. HMO, PPO): HMO

Insurance Plan: BLUE CHOICE

Guarantor: XYZ CO

Member #: 012-34-5678

EDIT

CONTINUE

20/22

Fig. 8e

Please scan your insurance card by inserting card into the card slot (device #2). This scanning process will take a moment.

21/22

Fig. 8f

Please swipe your insurance card's magnetic strip in card swipe (device #3).

22/22

Fig. 8g

Please take receipt printing from device #4 with you to your appointment.

If you would like directions to your appointment, please enter your physician's name or the name of the clinic you are visiting:

Physician's Name:

Enter

Name of Clinic:

Enter

Directions will print from device #4.

This concludes the registration process. Thank you for your assistance and participation in the self registration process. Have a nice day!

**MAIN
SCREEN**